MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D OCT 13 1939

32957
Do not use this space.

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1. PLACE OF DEATH
(a) County Marion
(b) Township Mason
or
(c) City Hannibal
Registration District No. 547
Primary Registration District No. 3029
Registered No. 271
(d) Street No. ST Elizabeth Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 636 David I Schroeder
(a) Residence, No. 2829 Hubbard St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Susian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-25-1870

7. AGE: YEARS 69 | MONTHS — | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont ILL

FATHER
13. NAME John Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

MOTHER
15. MAIDEN NAME Sarah Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

17. INFORMANT (ADDRESS) Susian Schroeder 2829 Hubbard Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. Olivet Com. DATE Sept-18-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Connell Hannibal Mo

20. FILED Sept 20 1939 W. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1939, to 9-15, 1939
I last saw him alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 2:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, Chronic	1937
54	
Other contributory causes of importance: Diabetes Mellitus	1938

Name of operation Nus Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Howard B. Goodrich, M. D.
(Address) Hannibal, Mo

458 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3889

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.